



CUSTOMER NO. 22186

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

#6/a  
P.D.

Re: Attorney Docket No. Gabara 75-12-3

1-21-04

In re application of: Thaddeus John Gabara et al.

Serial No.: 09/589,391

Group Art Unit: 2644

Filed: 06/07/00

Examiner: Devona E. Faulk

Matter No.: 992.1047

Phone No.: 703-305-4359

For: Adjustment of a Hearing Aid Using a Phone

AMENDMENT UNDER 37 CFR 1.111

RECEIVED

JAN 07 2004

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is filed in response to the office action of 10/31/03.

01/23/2004 BDAVENPD 00000001 500782 09589391

01 FC:1202 18.00 DA

Adjustment date: 02/04/2004 BDAVENPD  
01/23/2004 BDAVENPD 00000001 500782 09589391  
01 FC:1202 18.00 CR

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Certification Under 37 CFR 1.8

Date of Deposit December 24, 2003.

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail under 37 CFR 1.8 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

MARY E. CANIZ  
(Name of person mailing)

Mary E. Caniz  
(Signature of person mailing)

01/06/2004 BABRAHA1 00000116 09589391

01 FC:1202  
02 FC:1201

594.00 OP  
602.00 OP



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

26445

Re: Attorney Docket No. Gabara 75-12-3

Re application of:

Thaddeus John Gabara et al.

Serial No.: 09/589,391  
Filed: 06/07/00  
Matter No.: 992.1047

Group Art Unit: 2644  
Examiner: Devona E. Faulk  
Phone No.: 703-305-4359

For: Adjustment of a Hearing Aid Using a PhoneAMENDMENT TRANSMITTAL

RECEIVED

JAN 07 2004

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee for claims is required.

	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Additional Fee
Total	53	minus 20 =	33 x 18 =	\$594
Independent	10	minus 3 =	7 x 86 =	\$602
Multiple Dependent Claim(s), if applicable			0 x 290 =	\$0
			TOTAL FEE	\$1,196

☐ It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.

Response filed within:☐ first - \$ 110.00☐ second - \$ 420.00☐ third - \$ 950.00☐ fourth - \$1,480.00☐ fifth - \$2,010.00

month after time period set ~

☒ A check in the amount of \$1,196.00 is enclosed.

☐ Please charge **Mendelsohn & Associates, P.C. Deposit Account No. 50-0782** the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.

☒ The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication or credit any overpayment to **Deposit Account No. 50-0782**. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. §1.17.

Date: 12/24/03

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